

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	SP03-165	Total Pages	2
First Named Inventor or Application Identifier: RAJARAM BHAT			
Title : GROWTH OF DILUTE NITRIDE COMPOUNDS			
Express Mail Label No.	EV 327190350 US		

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10:

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 11/21/03
(Date)
Signature Juliana Agon

"EXPRESS MAIL" Mailing Label No. **EV 327190350 US**

ADDRESS TO:

Mail Stop Patent Application
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450



1. <input checked="" type="checkbox"/> * Fee Transmittal Form (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)							
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>15</u>] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies							
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets <u>1</u>]	ACCOMPANYING APPLICATION PARTS <table border="1"><tr><td>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</td></tr><tr><td>8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</td></tr><tr><td>9. <input type="checkbox"/> English Translation Document (if applicable)</td></tr><tr><td>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations Non US</td></tr><tr><td>11. <input type="checkbox"/> Preliminary Amendment</td></tr><tr><td>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</td></tr><tr><td>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:</td></tr></table>	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney	9. <input type="checkbox"/> English Translation Document (if applicable)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations Non US	11. <input type="checkbox"/> Preliminary Amendment	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
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14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:								
4. Oath or Declaration [Total Pages <u>2</u>] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).								

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional. ☐ Continuation-in-part (CIP) of prior application No
Prior application information: Examiner: Group / Art Unit:
For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label 22928 or ☐ Correspondence address below

NAME <u>Juliana Agon</u>					
ADDRESS <u>Corning Incorporated, SP-TI-3-1</u>					
CITY	<u>Corning</u>	STATE	<u>NY</u>	ZIP CODE	<u>14831</u>
COUNTRY	<u>USA</u>	TELEPHONE	<u>607-974-6574</u>	FAX	<u>(607) 974-3848</u>
Name (Print/Type)	<u>Juliana Agon</u>			Registration No. (Attorney/Agent)	<u>33,468</u>
Signature	<u>Juliana Agon</u>			Date	<u>11/21/03</u>

14230

U.S. PTO

FEE TRANSMITTAL for FY 2003

Compleat if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	RAJARAM BHAT, et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned

TOTAL AMOUNT OF PAYMENT (\$770.00)

Attorney Docket Number SP03-165

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-3325

Deposit Account Name Corning Incorporated

- ☒ Charge Any Additional Fees Required Under 37 C.F.R. §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
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1001	770	Utility filing fee	770.00
1002	340	Design filing fee	
1003	530	Plant filing fee	
1004	770	Reissue filing fee	
1005	160	Provisional filing fee	

SUBTOTAL (1) (\$770.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
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20	- 20** =	x 18 =	00.00
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Independent Claims	3	- 3** =	x 86 =	00.00
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Multiple Dependent	0	=	0.00
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**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid 0
1204	86	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$00.00)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
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1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2,520	For filing a request for reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	420	Extension for reply within second month	
1253	950	Extension for reply within third month	
1254	1,480	Extension for reply within fourth month	
1255	2,010	Extension for reply within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,330	Petition to revive - unintentional	
1501	1,330	Utility issue fee (or reissue)	
1502	480	Design issue fee	
1503	640	Plant issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
1810	770	For each additional invention to be examined (37 C.F.R. § 1.129(b))	
1801	770	Request for Continued Examination (RCE)	
1802	900	Request for expedited examination of a design application	

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY**Completed (if applicable)**

Name (Print/Type)	Juliana Agon	Registration No. (Attorney/Agent)	33,468
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Signature		Date	11/21/03
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